

B1 (Official Form 1) (1/08)

United States Bankruptcy Court DISTRICT OF ILLINOIS				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Mc Keever, Andrea</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Mc Keever, Thomas</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Social-Security/Complete EIN or other Tax-I.D. No. (if more than one, state all): <b>9360</b>			Last four digits of Social-Security/Complete EIN or other Tax-I.D. No. (if more than one, state all): <b>9784</b>		
Street Address of Debtor (No. and Street, City, and State): <b>5534 East Lake Dr. #34e</b> <b>Lisle, IL</b> <div style="text-align: right;">ZIP CODE <b>60532</b></div>			Street Address of Joint Debtor (No. and Street, City, and State): <b>129 West Mcconnell #209</b> <b>West Chicago IL</b> <div style="text-align: right;">ZIP CODE <b>60185</b></div>		
County of Residence or of the Principal Place of Business: <b>Dupage</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <b>5534 East Lake Drive #34e</b> <b>Lisle IL</b> <div style="text-align: right;">ZIP CODE <b>60532</b></div>			Mailing Address of Joint Debtor (if different from street address): <b>129 West Mcconnell #209</b> <b>West Chicago IL</b> <div style="text-align: right;">ZIP CODE <b>60185</b></div>		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>					
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Mc Keever, Andrea -and- Mc Keever, Thomas</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>Northern District of Illinois</b>	Case Number:	Date Filed: <b>2008</b>	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: right; margin-right: 100px;">         _____          (Name of landlord that obtained judgment)       </div> <div style="text-align: right; margin-right: 100px;">         _____          (Address of landlord)       </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Mc Keever, Andrea -and- Mc Keever, Thomas</b>
<b>Signatures</b>		
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Andrea McKeever</u> Signature of Debtor</p> <p>X <u>Thomas McKeever</u> Signature of Joint Debtor</p> <p><u>630-300-3787</u> Telephone Number (if not represented by attorney)</p> <p><u>5/20/09</u> Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>	
<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>_____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>_____ Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>	
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>		

B 1D (Official Form 1, Exhibit D) (12/08)

## UNITED STATES BANKRUPTCY COURT

In re McKeever, Thomas  
Debtor

Case No. \_\_\_\_\_  
(if known)

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/08) – Cont.

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☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

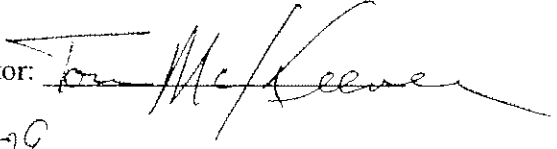
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: 

Date: 5/21/09

B 1D (Official Form 1, Exhibit D) (12/08)

## UNITED STATES BANKRUPTCY COURT

\_\_\_\_\_ District of ILLINOIS

In re Mc Keever, Andrea -and- Mc Keever,  
Debtor

Case No. \_\_\_\_\_  
(if known)

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

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**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: Andrea McKeever  
Date: 5/20/2009 Thomas McKeever

B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court

District Of ILLINOIS

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property		1	\$ 0		
B - Personal Property		3	\$ 5200		
C - Property Claimed as Exempt		1			
D - Creditors Holding Secured Claims		1		\$ 0	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)		4		\$ 51491	
F - Creditors Holding Unsecured Nonpriority Claims		24		\$ 172034	
G - Executory Contracts and Unexpired Leases		1			
H - Codebtors		1			
I - Current Income of Individual Debtor(s)		1			\$ 3670
J - Current Expenditures of Individual Debtors(s)		1			\$ 3721
TOTAL			\$ 5200	\$ 223525	



Form 6 - Statistical Summary (12/07)

# United States Bankruptcy Court

District Of ILLINOIS

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 28098
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0
Student Loan Obligations (from Schedule F)	\$ 0
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0
<b>TOTAL</b>	<b>\$ 28098</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 3670
Average Expenses (from Schedule J, Line 18)	\$ 3721
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 2824

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 0
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 51491
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0
4. Total from Schedule F	\$ 172034
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 172034

Case No. \_\_\_\_\_  
(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
				None
Total ►			0	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Mc Keever, Andrea  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other finan- cial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public util- ities, telephone companies, land- lords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Misc. Household Goods - At Wife Home	W	500
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books - 5534 East Lake Drive	W	200
6. Wearing apparel.		Clothing - 5534 East Lake Drive	J	100
7. Furs and jewelry.	X			
8. Firearms and sports, photo- graphic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Mc Keever, Andrea  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Toyota Camry - In My Parking Lot 1994 Saab 900 - In My Parking Lot 1993 Cadillac - 129 West McConnell, West	W W H	4000 100 300
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total▶				\$ 5200

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Case No. \_\_\_\_\_  
(If known)

11 U.S.C. § 522(b)(2)  
11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Misc. Household Goods	735-5/12-1001(a)(b);	500	500
1994 Saab 900	735-5/12-1001(c);	100	100
1993 Cadillac	735-5/12-1001(c);	300	300

**B6D (Official Form 6D) (12/07)**

In re **Mc Keever, Andrea**

**Debtor**

Case No. \_\_\_\_\_

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal ► (Total of this page)							\$ 0	\$ 0
Total ► (Use only on last page)							\$ 0	\$

continuation sheets  
attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).



**B6E (Official Form 6E) (12/07) – Cont.**

In re Mc Koeber, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) – Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Governmental**  
Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
Account No. <b>2006sc002977</b>  <b>Grabowski Law Center, Llc</b> <b>2800 S. River Road</b> <b>Suite 410</b> <b>Des Plaines IL 60018</b>		<b>J</b>	<b>11-22-06</b> <b>Medical</b>				<b>3203</b>	<b>3203</b>	<b>0</b>	
Account No. <b>147329784</b>  <b>Illinois Department Of Revenue</b> <b>Po Box 19035</b> <b>Springfield IL 62794-9035</b>		<b>J</b>	<b>2000-2008</b> <b>Tax</b>				<b>25000</b>	<b>25000</b>	<b>0</b>	
Account No. <b>Vs092027016</b>  <b>Illinois Tollway</b> <b>Po Box 5201</b> <b>Lisle IL 60532-5201</b>		<b>J</b>	<b>2006-2009</b> <b>Tolls</b>				<b>10000</b>	<b>10000</b>	<b>0</b>	
Account No. <b>Vs090091498</b>  <b>Illinois Tollway</b> <b>Violation Administration Cente</b> <b>2700 Ogden Avenue</b> <b>Downers Grove, IL 60515-1703</b>		<b>J</b>	<b>1-27-2009</b> <b>Penalties</b>				<b>7018</b>	<b>7018</b>	<b>0</b>	
Sheet no. <b>3</b> of <b>4</b> continuation sheets attached to Schedule of Creditors Holding Priority Claims							Subtotals▶ (Totals of this page)	\$ <b>45221</b>	\$ <b>45221</b>	<b>0</b>
							Total▶	\$		
							(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)			
							Total▶	\$	\$ <b>0</b>	
							(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)			

B6E (Official Form 6E) (12/07) -- Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Governmental**  
Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBITOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. <b>50004-5343</b>  <b>Internal Revenue Service</b> <b>Stop 6692 Ausc</b> <b>Austin TX 73301-0021</b>		<b>J</b>	<b>2007</b> <b>Taxes</b>				<b>3098</b>	<b>3098</b>	<b>0</b>
Account No. <b>06 Sc 6283</b>  <b>Patricia Fennell For Nicor Gas</b> <b>Po Box 585</b> <b>Aurora IL 60507</b>		<b>J</b>	<b>11-16-06</b> <b>Utility</b>				<b>3172</b>	<b>3172</b>	<b>0</b>
Account No.									
Account No.									
Account No.									
Account No.									
Sheet no. <u>4</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims							<b>\$ 6270</b>	<b>\$ 6270</b>	<b>0</b>
Subtotals▶ (Totals of this page)									
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							<b>\$ 51491</b>		
Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								<b>\$ 51491</b>	<b>\$ 0</b>

B6F (Official Form 6F) (12/07)

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>858192</b> <b>Acc International</b> <b>Acc Building</b> <b>919 Estes Court</b> <b>Schaumburg IL 60193-4427</b>		J	2007 <b>Fees</b>				349
ACCOUNT NO. <b>63257</b> <b>Activty Collection Service, I</b> <b>664 Milwaukee Ave.</b> <b>Prospect Heights IL 60070</b>		J	5-25-06 <b>Medical</b>				500
ACCOUNT NO. <b>33xxxxx</b> <b>American Collections T.c.f. Ba</b> <b>919 Estes Court</b> <b>Schaumburg IL 60193</b>		J	2001 <b>Credit</b>				151
ACCOUNT NO. <b>298316271</b> <b>At&amp;t Mobility</b> <b>Po Box 6428</b> <b>Carol Stream IL 60197-6428</b>		J	3-2-08 <b>Cell Phone</b>				100
Subtotal▶							\$ 1100
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$

23 continuation sheets attached

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 13**  Bank Of America 4060 Ogletown Newark DE 19713		J	2000-2009  Credit Card				2341
ACCOUNT NO. 1336  Bank Of America Po Box 981400 El Paso TX 79998		J	1999-2004  Credit Card				2341
ACCOUNT NO. 5440455022889086  Boudreau & Associates, Llc 5 Industrial Way Salem NH 03079		J	9-13-06  Credit Card				276
ACCOUNT NO. 20926  Bryan W. Rubach, Md 4050 Healthway Drive Suite 220 Aurora IL 60504		J	3-23-06  Medical				400
ACCOUNT NO. 70199392  Bureau Of Collection Recovery 7575 Corporate Way Eden Prairie MN 55344		J	3-27-09  Utility				270
Sheet no. <u>2</u> of <u>24</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 5628
							Total▶ \$

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable on the Statistical  
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5803096001</b> <b>Cdh</b> <b>Dept 4698</b> <b>Carol Stream IL 60122-4698</b>		<b>J</b>	<b>9-6-08</b> <b>Medical</b>				<b>336</b>
ACCOUNT NO. <b>00130100</b> <b>Central Dupage Emergency</b> <b>Po Box 5940 Dept 20-1098</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>3-23-09</b> <b>Medical</b>				<b>201</b>
ACCOUNT NO. <b>0011086</b> <b>Central Dupage Emergency</b> <b>Po Box 5940 Dpt 20-1098</b> <b>Carol Stream IL 60197-5940</b>		<b>J</b>	<b>6-30-07</b> <b>Medical</b>				<b>1003</b>
ACCOUNT NO. <b>6024679</b> <b>Central Dupage Hospital</b> <b>Dept 4698</b> <b>Carol Stream IL 60122-4698</b>		<b>J</b>	<b>1-10-09</b> <b>Medical</b>				<b>285</b>
ACCOUNT NO. <b>6036993001</b> <b>Central Dupage Hospital</b> <b>Dept 4698</b> <b>Carol Stream IL 60122-4698</b>		<b>J</b>	<b>1-17-09</b> <b>Medical</b>				<b>224</b>
Sheet no. <b>3</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ <b>\$ 2049</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6024679001</b> <b>Central Dupage Hospital</b> <b>Dept 4698</b> <b>Carol Stream IL 60122-4698</b>		<b>J</b>	<b>1-10-09</b> <b>Medical</b>				<b>285</b>
ACCOUNT NO. <b>5384997</b> <b>Central Dupage Hospital</b> <b>25 N Winfield Road</b> <b>Winfield IL 60190-1295</b>		<b>J</b>	<b>12-31-07</b> <b>Medical</b>				<b>26684</b>
ACCOUNT NO. <b>5803096</b> <b>Central Dupage Hospital</b> <b>Dept 4698</b> <b>Carol Stream IL 60122-4698</b>		<b>J</b>	<b>9-6-08</b> <b>Medical</b>				<b>336</b>
ACCOUNT NO. <b>9112721</b> <b>Central Dupage Physiclan</b> <b>Po Box 479</b> <b>Winfield IL 60190</b>		<b>J</b>	<b>3-11-09</b> <b>Medical</b>				<b>300</b>
ACCOUNT NO. <b>9112721</b> <b>Central Dupage Physiclans</b> <b>Po Box 479</b> <b>Winfield IL 60190</b>		<b>J</b>	<b>4-21-09</b> <b>Medical</b>				<b>300</b>
Sheet no. <b>4</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► <b>\$ 27905</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► <b>\$</b>

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>298316271</b> <b>Cingular Wireless</b> <b>Po Box 6428</b> <b>Carol Stream IL 60197-6428</b>		<b>J</b>	<b>6-22-07</b> <b>Cell Phone</b>				<b>144</b>
ACCOUNT NO. <b>297351-68188</b> <b>City Of Naperville</b> <b>Finance Department</b> <b>400 S. Eagle Street</b> <b>Naperville IL 60540</b>		<b>J</b>	<b>8-24-07</b> <b>Electric Bill</b>				<b>608</b>
ACCOUNT NO. <b>31220</b> <b>Cns Home Health</b> <b>690 East North Avenue</b> <b>Suite 100</b> <b>Carol Stream IL 60188</b>		<b>J</b>	<b>7-28-08</b> <b>Medical</b>				<b>56</b>
ACCOUNT NO. <b>8200299054</b> <b>Com Ed</b> <b>Po Box 6111</b> <b>Carol Stream IL 60197-6111</b>		<b>J</b>	<b>5-22-09</b> <b>Electric Utility</b>				<b>1843</b>
ACCOUNT NO. <b>Credit Management Lp</b> <b>4200 International</b> <b>Carrollton TX 75007</b>		<b>J</b>	<b>2007-2009</b> <b>Utility</b>				<b>280</b>
Sheet no. <b>5</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>\$ 2931</b>
Total ▶							<b>\$</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1179611</b> <b>Creditors Discount &amp; Audit Co.</b> <b>Po Box 213</b> <b>Streator IL 61384</b>		<b>J</b>	<b>3-25-04</b> <b>Medical</b>				<b>678</b>
ACCOUNT NO. <b>06 Sc 1029</b> <b>Dermatology Limited</b> <b>Michael R. Naughton</b> <b>Po Box 10</b> <b>Manhattan IL 60442</b>		<b>J</b>	<b>01-10-07</b> <b>Medical - Judgement</b>				<b>1059</b>
ACCOUNT NO. <b>096620</b> <b>Dermatology Limited</b> <b>2400 Glenwood Ave</b> <b>Ste 126</b> <b>Joliet IL 60435-5495</b>		<b>J</b>	<b>2004/2005</b> <b>Medical</b>				<b>22</b>
ACCOUNT NO. <b>088426</b> <b>Dermatology Limited</b> <b>2400 Glenwood Ave</b> <b>Ste 126</b> <b>Joliet IL 60435-5495</b>		<b>J</b>	<b>2004/2005</b> <b>Medical</b>				<b>162</b>
ACCOUNT NO. <b>088427</b> <b>Dermatology Limited</b> <b>2400 Glenwood Ave</b> <b>Ste 126</b> <b>Joliet IL 60435-5495</b>		<b>J</b>	<b>2004/2005</b> <b>Medical</b>				<b>493</b>
Sheet no. <b>6</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ <b>2414</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Kever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>60110074</b> <b>Discover Financial</b> <b>Po Box 15316</b> <b>Wilmington DE 19850</b>		<b>J</b>	<b>2000-2004</b> <b>Credit Card</b>				<b>1000</b>
ACCOUNT NO. <b>Douglas R. Prince, Dds</b> <b>507 Duane Street</b> <b>Glen Ellyn IL 60137</b>		<b>J</b>	<b>11-2-04</b> <b>Orthodontia</b>				<b>3950</b>
ACCOUNT NO. <b>6sc1029</b> <b>Dupage Law Court</b> <b>505 County Farm Rd.</b> <b>Po Box 707</b> <b>Wheaton IL 60187</b>		<b>J</b>	<b>7-31-2006</b> <b>Medical</b>				<b>1000</b>
ACCOUNT NO. <b>6sc2977</b> <b>Dupage Law Court</b> <b>505 County Farm Road</b> <b>Po Box 707</b> <b>Wheaton IL 60187</b>		<b>J</b>	<b>9-25-2006</b> <b>Medical</b>				<b>3203</b>
ACCOUNT NO. <b>797290</b> <b>Dupage Medical Group</b> <b>1860 Paysphere Circle</b> <b>Chicago IL 60674</b>		<b>J</b>	<b>4-11-09</b> <b>Medical</b>				<b>126</b>
Sheet no. <b>7</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ <b>\$ 9279</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ <b>\$</b>

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>E047546965</b> <b>Edward Hospital</b> <b>Po Box 4207</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>1-13-09</b> <b>Medical</b>				<b>1134</b>
ACCOUNT NO. <b>E043209303</b> <b>Edward Hospital</b> <b>Po Box 4207</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>12-6-07</b> <b>Medical</b>				<b>3757</b>
ACCOUNT NO. <b>E045815529</b> <b>Edward Hospital</b> <b>Po Box 4207</b> <b>Carol Stream IL 60197-4207</b>		<b>J</b>	<b>8-4-08</b> <b>Medical</b>				<b>526</b>
ACCOUNT NO. <b>E047661160</b> <b>Edward Hospital</b> <b>Po Box 4207</b> <b>Carol Stream IL 60197-4207</b>		<b>J</b>	<b>1-23-09</b> <b>Medical</b>				<b>540</b>
ACCOUNT NO. <b>E046079818</b> <b>Edward Hospital &amp; Health Servi</b> <b>Po Box 4207</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>4-16-09</b> <b>Medical</b>				<b>10256</b>
Sheet no. <b>9</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal ▶ \$ 16213</b>
							<b>Total ▶ \$</b>

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable on the Statistical  
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>R-68381914</b> <b>Er Solutions, Inc.</b> <b>Po Box 9004</b> <b>Renton WA 98057</b>		<b>J</b>	<b>11-25-08</b> <b>Phone</b>				<b>1231</b>
ACCOUNT NO. <b>730285582242500</b> <b>Exxon Mobile</b> <b>P.o.box 498</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>8/2005</b> <b>Credit Card</b>				<b>400</b>
ACCOUNT NO. <b>96691****</b> <b>Ffcc Columbus Inc</b> <b>1550 Old Henderson Rd</b> <b>Columbus OH 43220</b>		<b>J</b>	<b>2008-2009</b> <b>Medical</b>				<b>20</b>
ACCOUNT NO. <b>Fk1910</b> <b>First Federal Credit Control</b> <b>Po Box 20790</b> <b>Columbus, OH 43220-0790</b>		<b>J</b>	<b>2-9-09</b> <b>Medical</b>				<b>26</b>
ACCOUNT NO. <b>5178007607273265</b> <b>First Premier Bank</b> <b>Po Box 5147</b> <b>Sioux Falls SD 57117</b>		<b>J</b>	<b>07-02-07</b> <b>Credit Card</b>				<b>250</b>
Sheet no. <b>10</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 1927</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ <b>\$</b>

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3973546</b> <b>H&amp;r Accounts, Inc</b> <b>Po Box 672</b> <b>Moline IL 61266-0672</b>		<b>J</b>	<b>4-18-09</b> <b>Medical</b>				<b>336</b>
ACCOUNT NO. <b>3805792</b> <b>H&amp;r Accounts, Inc</b> <b>7017 John Deere Parkway</b> <b>Po Box 672</b> <b>Moline IL 61266</b>		<b>J</b>	<b>11-22-08</b> <b>Medical</b>				<b>1592</b>
ACCOUNT NO. <b>3750224</b> <b>H&amp;r Accounts, Inc.</b> <b>7017 John Deere Parkway</b> <b>Po Box 672</b> <b>Moline IL 61266-0672</b>		<b>J</b>	<b>11-21-08</b> <b>Medical</b>				<b>26684</b>
ACCOUNT NO. <b>72100-81755</b> <b>Harris Bank</b> <b>114 West 1st Street</b> <b>Hinsdale IL 60521</b>		<b>J</b>	<b>8-31-06</b> <b>Bank</b>				<b>1062</b>
ACCOUNT NO. <b>139522</b> <b>Hls</b> <b>350 S. Northwest Highway</b> <b>Suite 200</b> <b>Park Ridge IL 60068</b>		<b>J</b>	<b>12-17-08</b> <b>Medical</b>				<b>20</b>
Sheet no. <b>11</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal ▶ \$ 29694</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							<b>Total ▶ \$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Kever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>54080100****</b> <b>Hsbc Bank</b> <b>Po Bo 5253</b> <b>Carol Stream IL 60197</b>		<b>J</b>	<b>2004</b> <b>Credit Card</b>				<b>4351</b>
ACCOUNT NO. <b>01000121xxxx</b> <b>Hsbc Nv</b> <b>P.o.box 19360</b> <b>Portland OR 97280</b>		<b>J</b>	<b>2000-2002</b> <b>Credit Card</b>				<b>4351</b>
ACCOUNT NO. <b>45502288xxxx</b> <b>Hsbc Nv</b> <b>P.o. Box 19360</b> <b>Portland OR 97280</b>		<b>J</b>	<b>2004</b> <b>Credit Card</b>				<b>300</b>
ACCOUNT NO. <b>Illinois Federal Court C</b> <b>531 S. Dearborn Street</b> <b>Chicago IL 60606</b>		<b>J</b>	<b>1993-1997</b> <b>State Tax Lien</b>				<b>15000</b>
ACCOUNT NO. <b>Vn082385808</b> <b>Illinois Tollway</b> <b>Po Box 5201</b> <b>Lisle IL 60532-5201</b>		<b>J</b>	<b>10-15-08</b> <b>Penalties</b>				<b>710</b>
Sheet no. <b>12</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ <b>\$ 24712</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mckan000</b> <b>Kovak Medical Services, Dba</b> <b>Midwest Derm Laser &amp; Vein Ctr</b> <b>Elmhurst IL 60126</b>		<b>J</b>	<b>5-27-05</b> <b>Medical</b>				<b>500</b>
ACCOUNT NO. <b>382966</b> <b>M&amp;m Orthopaedics Ltd</b> <b>4300 Commerce Ct.</b> <b>Ste 230</b> <b>Lisle IL 60532-3698</b>		<b>J</b>	<b>5-5-08</b> <b>Medical</b>				<b>20</b>
ACCOUNT NO. <b>1446</b> <b>Mark A. Barnes, Dds Ltd</b> <b>531 E. Roosevelt Road</b> <b>Wheaton IL 60187</b>		<b>J</b>	<b>1-31-07</b> <b>Dental</b>				<b>165</b>
ACCOUNT NO. <b>Mckand</b> <b>Mark V. Valentinas, Dds, Pc</b> <b>1001 E. Chicago Ave.</b> <b>Suite 143</b> <b>Naperville IL 60540</b>		<b>J</b>	<b>3-7-06</b> <b>Dental</b>				<b>469</b>
ACCOUNT NO. <b>6655532</b> <b>Medical Recovery Specialists,</b> <b>2250 E Devon Ave</b> <b>Suite 352</b> <b>Des Plaines IL 60018-4519</b>		<b>J</b>	<b>10-8-08</b> <b>Medical</b>				<b>385</b>
Sheet no. <b>13</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 1539</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ <b>\$</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6780546</b> <b>Medical Recovery Specialists,</b> <b>2250 E. Devon Ave.</b> <b>Suite 352</b> <b>Des Plaines IL 60018-4519</b>		<b>J</b>	<b>12-23-08</b> <b>Medical</b>				<b>1295</b>
ACCOUNT NO. <b>Merchants Credit Guide</b> <b>223 W. Jackson St.</b> <b>Suite 900</b> <b>Chicago IL 60606</b>		<b>J</b>	<b>2000-2009</b> <b>Medical</b>				<b>4000</b>
ACCOUNT NO. <b>08-071221637</b> <b>Merchants Credit Guide Co</b> <b>223 West Jackson Blvd.</b> <b>Chicago IL 60606</b>		<b>J</b>	<b>8-1-07</b> <b>Medical</b>				<b>3040</b>
ACCOUNT NO. <b>Michael J. Erhart, D.d.s</b> <b>1879 Bay Scott Circle</b> <b>Suite 108</b> <b>Naperville IL 60540</b>		<b>J</b>	<b>1-6-03</b> <b>Orthodontia</b>				<b>705</b>
ACCOUNT NO. <b>210943</b> <b>Midwest Heart Specialist</b> <b>3496 Paysphere Circle</b> <b>Chicago IL 60674</b>		<b>J</b>	<b>8/2006</b> <b>Medical</b>				<b>517</b>
Sheet no. <b>14</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 9557</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mr. &amp; Mrs. Donald Germann</b> <b>1377 Ginger Lane</b> <b>Naperville IL 60565-5228</b>		<b>J</b>	<b>2007</b> <b>Rent +</b>				<b>2500</b>
ACCOUNT NO. <b>65465</b> <b>Naperville Eye Associates</b> <b>1855 Bay Scott Circle</b> <b>Naperville IL 60540</b>		<b>H</b>	<b>1-26-09</b> <b>Medical</b>				<b>20</b>
ACCOUNT NO. <b>37576</b> <b>Naperville Radiologists S.c.</b> <b>6910 S. Madison Street</b> <b>Willowbrook IL 60527</b>		<b>J</b>	<b>3-29-08</b> <b>Medical</b>				<b>310</b>
ACCOUNT NO. <b>61682</b> <b>Naperville Radiologists Sc</b> <b>6910 S Madison St</b> <b>Willowbrook IL 60527</b>		<b>J</b>	<b>8-3-08</b> <b>Medical</b>				<b>893</b>
ACCOUNT NO. <b>047867</b> <b>Neuromed Clinic Llc</b> <b>3s 517 Winfield Road</b> <b>Ste A</b> <b>Warrenville IL 60555</b>		<b>J</b>	<b>8-18-08</b> <b>Medical</b>				<b>20</b>
Sheet no. <b>15</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 3743</b>
							Total ▶ <b>\$</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Kever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Ns001096</b> <b>Neuropsychological Services</b> <b>22935 North Woodcrest Lane</b> <b>Kildeer IL 60047</b>		<b>J</b>	<b>2005-2006</b> <b>Medical</b>				<b>560</b>
ACCOUNT NO. <b>7615540733-1</b> <b>Nicor Gas</b> <b>Po Box 190</b> <b>Aurora IL 60507</b>		<b>J</b>	<b>8-10-06</b> <b>Gas Utility</b>				<b>3172</b>
ACCOUNT NO. <b>203430905-8363</b> <b>Northshore</b> <b>Hospital Billing</b> <b>23056 Network Place</b> <b>Chicago IL 60673-1230</b>		<b>J</b>	<b>12-28-08</b> <b>Medical</b>				<b>1317</b>
ACCOUNT NO. <b>203430905-8363</b> <b>Northshore</b> <b>Hospital Billing</b> <b>230 Network Place</b> <b>Chicago IL 60673</b>		<b>J</b>	<b>12-28-08</b> <b>Medical</b>				<b>1317</b>
ACCOUNT NO. <b>94-11396702</b> <b>Northshore Radiology</b> <b>34618 Eagle Way</b> <b>Chicago IL 60678-1346</b>		<b>J</b>	<b>12-28-08</b> <b>Medical</b>				<b>55</b>
Sheet no. <b>16</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ <b>\$ 6421</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Ep796666</b> <b>Northshore University</b> <b>9532 Eagle Way</b> <b>Chicago IL 60678</b>		<b>J</b>	<b>2-25-09</b> <b>Medical</b>				<b>199</b>
ACCOUNT NO. <b>010268</b> <b>Np Primiano Dds</b> <b>31 East Ogden Avenue</b> <b>Naperville IL 60563</b>		<b>J</b>	<b>2-26-08</b> <b>Dental</b>				<b>342</b>
ACCOUNT NO. <b>010268</b> <b>Np Primiano Dds</b> <b>231 East Ogden Avenue</b> <b>Naperville IL 60563</b>		<b>J</b>	<b>4-6-06</b> <b>Dental</b>				<b>80</b>
ACCOUNT NO. <b>6786</b> <b>O'carroll &amp; Assoc.</b> <b>Po Box 189</b> <b>Plainfield IL 60544</b>		<b>J</b>	<b>12-30-08</b> <b>Medical</b>				<b>104</b>
ACCOUNT NO. <b>Mckth000</b> <b>Pauline K Wlener Md Sc</b> <b>27w170 St. Charles Road</b> <b>Carol Stream IL 60188</b>		<b>J</b>	<b>7-23-08</b> <b>Medical</b>				<b>961</b>
Sheet no. <b>17</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 1686</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Mc Kever, Andrea**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>29735168188</b> <b>Penn Credit Corporation</b> <b>Po Box 988</b> <b>Harrisburg PA 17108</b>		<b>J</b>	<b>9-18-07</b> <b>Electric Utility</b>				<b>435</b>
ACCOUNT NO. <b>2973516****</b> <b>Penn Credit Corporation</b> <b>916 S 14th Street</b> <b>Harrisburg PA 17104</b>		<b>J</b>	<b>2007</b> <b>Utility</b>				<b>435</b>
ACCOUNT NO. <b>T7098854</b> <b>Penn Credit Corporation</b> <b>P.o. Box 988</b> <b>Harrisburg PA 17108</b>		<b>J</b>	<b>7-25-06</b> <b>Parking Ticket</b>				<b>30</b>
ACCOUNT NO. <b>2811</b> <b>Physicians For Adults Im, Ltd.</b> <b>640 S. Washington St.</b> <b>Suite 268</b> <b>Naperville IL 60540</b>		<b>J</b>	<b>2008/2009</b> <b>Medical</b>				<b>980</b>
ACCOUNT NO. <b>3570</b> <b>Physicians For Adults Internal</b> <b>640 S. Washington St.</b> <b>Ste 268</b> <b>Naperville IL 60540</b>		<b>J</b>	<b>2007/2008</b> <b>Medical</b>				<b>360</b>
Sheet no. <b>18</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 2240</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ▶ <b>\$</b>

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1234		J	8-27-08 Medical				100
<b>Ralz A. Baber, M.d.</b> <b>1460 Bond Street</b> <b>Suite 130</b> <b>Naperville IL 60563</b>							
ACCOUNT NO. 31165		J	5-30-07 Dupage Medical Group				925
<b>Revenue Production</b> <b>Dept 77308</b> <b>Po Box 77000</b> <b>Detroit MI 48277-0308</b>							
ACCOUNT NO. 1234		J	10-22-08 Medical				117
<b>Riaz A. Baber, Md Sc</b> <b>1460 Bond Street</b> <b>Ste 130</b> <b>Naperville IL 60563</b>							
ACCOUNT NO. 6610****		J	2005 Credit Card				478
<b>Sears/cbsd</b> <b>701 East 60th St</b> <b>Po Box 6241</b> <b>Sloux Falls SD 57117</b>							
ACCOUNT NO. 53305		J	12-9-08 Medical				122
<b>Suburban Lung Assoc. Sc</b> <b>Po Box 2776</b> <b>Carol Stream IL 60132-0001</b>							
Sheet no. <b>20</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► \$ <b>1742</b>
Total ► <div style="text-align: right;">             (Use only on last page of the completed Schedule F.)              (Report also on Summary of Schedules and, if applicable on the Statistical              Summary of Certain Liabilities and Related Data.)           </div>							\$

B6F (Official Form 6F) (12/07) - Cont.

In re Mc Kever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 321758572 T-mobile Po Box 2400 Young America MN 55553-2400		J	9-2-06 Cell Phone Bill				611
ACCOUNT NO. 427913995 T-mobile Po Box 742596 Cincinnati OH 45274-2596		J	10-7-08 Cell Phone				1431
ACCOUNT NO. 858192 Tcf National Bank Of Illinois 425 W Ogden Avenue Naperville IL 60563		J	2007 Fees				349
ACCOUNT NO. 9903f-0014232462 Transworld Systems Inc. Collec 25 Northwest Point Blvd. #750 Elk Grove Village IL 60007		J	2005-2006 Nnfees				900
ACCOUNT NO. 66103702 Usa Sears 8725 W. Jackson Street The Lakes NV 89163		J	1999-2003 Credit Card				478
Sheet no. <b>21</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ <b>3769</b>
							Total▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							



Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>75389847</b> <b>Van Ru Credit Corporation</b> <b>1350 E. Touhy Ave</b> <b>Suite 100e</b> <b>Des Plaines IL 60018-3307</b>		<b>J</b>	<b>12-28-08</b> <b>Medical</b>				<b>199</b>
ACCOUNT NO. <b>15766598</b> <b>West Central Anes Group</b> <b>Po Box 1123</b> <b>Jackson MI 49204-1123</b>		<b>J</b>	<b>10-27-08</b> <b>Medical</b>				<b>1456</b>
ACCOUNT NO. <b>12601493</b> <b>West Central Anes Group</b> <b>Po Box 1123</b> <b>Jackson MI 49204-1123</b>		<b>J</b>	<b>1-15-06</b> <b>Medical</b>				<b>50</b>
ACCOUNT NO. <b>15766598</b> <b>West Central Anes Group</b> <b>Po Box 1123</b> <b>Jackson MI 49204</b>		<b>J</b>	<b>12-19-08</b> <b>Medical</b>				<b>1456</b>
ACCOUNT NO. <b>265-002464</b> <b>West Chicago Fpd</b> <b>Po Box 1368</b> <b>Elmhurst IL 60126</b>		<b>J</b>	<b>7-27-08</b> <b>Medical</b>				<b>832</b>
Sheet no. <b>22</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ <b>\$ 3993</b>
							Total ▶ <b>\$</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Mc Keever, Andrea**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>265-000417</b> <b>West Chicago Fpd</b> <b>Po Box 1368</b> <b>Elmhurst IL 60126</b>		<b>J</b>	<b>1-7-07</b> <b>Medical</b>				<b>557</b>
ACCOUNT NO. <b>291460</b> <b>Wheaton Eye Clinic</b> <b>2015 North Main Street</b> <b>Wheaton IL 60187-3152</b>		<b>J</b>	<b>7-24-06</b> <b>Medical</b>				<b>158</b>
ACCOUNT NO. <b>351176</b> <b>Wheaton Eye Clinic</b> <b>2015 North Main Street</b> <b>Wheaton IL 60187-3152</b>		<b>J</b>	<b>4-9-09</b> <b>Medical</b>				<b>196</b>
ACCOUNT NO. <b>139522</b> <b>Wheaton Internal Medicine</b> <b>350 West Northwest Highway</b> <b>Park Ridge IL 60068</b>		<b>J</b>	<b>4-16-09</b> <b>Medical</b>				<b>20</b>
ACCOUNT NO. <b>804245</b> <b>Wheaton Pediatrics</b> <b>55 E Loop Rd</b> <b>#301</b> <b>Wheaton IL 60189</b>		<b>J</b>	<b>2004-2009</b> <b>Medical</b>				<b>948</b>
Sheet no. <b>23</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ► <b>\$ 1879</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ► <b>\$</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Mc Keever, Andrea**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Wlc 157156</b> <b>Winfield Laboratory Consultant</b> <b>Dept 4408</b> <b>Carol Stream IL 60122</b>		<b>J</b>	<b>1-10-09</b> <b>Medical</b>				<b>32</b>
ACCOUNT NO. <b>Wpc 23201</b> <b>Winfield Pathology Consultants</b> <b>Dept 4432</b> <b>Carol Stream IL 60122-4432</b>		<b>J</b>	<b>7-11-08</b> <b>Medical</b>				<b>1295</b>
ACCOUNT NO. <b>3314****</b> <b>Wow Internet &amp; Cable</b> <b>Po Box 5715</b> <b>Carol Stream IL 60197-5505</b>		<b>J</b>	<b>2006/2007</b> <b>Cable &amp; Internet</b>				<b>200</b>
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. <b>24</b> of <b>24</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ➤ <b>\$ 1527</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total ➤ <b>\$ 172034</b>

B6G (Official Form 6G) (12/07)

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re Mc Keever, Andrea ,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Mc Keever, Andrea**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>2 children</b>	AGE(S): <b>21, 19</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Computer Support</b>	<b>Disabled</b>
Name of Employer	<b>Naperville School District 203</b>	
How long employed	<b>13 years</b>	
Address of Employer	<b>203 Hillside, Naperville, IL 60540</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

- Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly)
- Estimate monthly overtime

DEBTOR	SPOUSE
\$ <u>2524</u>	\$ <u>0</u>
\$ <u>0</u>	\$ <u>0</u>

3. SUBTOTAL

\$ <u>2524</u>	\$ <u>0</u>
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4. LESS PAYROLL DEDUCTIONS

- Payroll taxes and social security
- Insurance
- Union dues
- Other (Specify): Retirement

\$ <u>306</u>	\$ <u>0</u>
\$ <u>243</u>	\$ <u>0</u>
\$ <u>32</u>	\$ <u>0</u>
\$ <u>134</u>	\$ <u>0</u>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>715</u>	\$ <u>0</u>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>1809</u>	\$ <u>0</u>
----------------	-------------

- Regular income from operation of business or profession or farm  
(Attach detailed statement)
- Income from real property
- Interest and dividends
- Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
- Social security or government assistance  
(Specify): SS Disability
- Pension or retirement income
- Other monthly income  
(Specify): \_\_\_\_\_

\$ <u>0</u>	\$ <u>0</u>
\$ <u>0</u>	\$ <u>0</u>
\$ <u>0</u>	\$ <u>0</u>
\$ <u>0</u>	\$ <u>0</u>
\$ <u>0</u>	\$ <u>1561</u>
\$ <u>0</u>	\$ <u>300</u>
\$ <u>0</u>	\$ <u>0</u>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <u>0</u>	\$ <u>1861</u>
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15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

\$ <u>1809</u>	\$ <u>1861</u>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

<u>\$3670</u>	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

\_\_\_\_\_  
\_\_\_\_\_

B6J (Official Form 6J) (12/07)

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1435</u>
a. Are real estate taxes included?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:    a. Electricity and heating fuel	\$ <u>250</u>
b. Water and sewer	\$ <u>0</u>
c. Telephone	\$ <u>356</u>
d. Other <u>Cable</u>	\$ <u>70</u>
3. Home maintenance (repairs and upkeep)	\$ <u>100</u>
4. Food	\$ <u>500</u>
5. Clothing	\$ <u>75</u>
6. Laundry and dry cleaning	\$ <u>50</u>
7. Medical and dental expenses	\$ <u>350</u>
8. Transportation (not including car payments)	\$ <u>150</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>0</u>
10. Charitable contributions	\$ <u>25</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>60</u>
b. Life	\$ <u>0</u>
c. Health	\$ <u>0</u>
d. Auto	\$ <u>300</u>
e. Other _____	\$ <u>0</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ <u>0</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>0</u>
b. Other _____	\$ <u>0</u>
c. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ <u>0</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>
17. Other _____	\$ <u>0</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$ <u>3721</u></b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: _____ _____	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <u>3670</u>
b. Average monthly expenses from Line 18 above	\$ <u>3721</u>
c. Monthly net income (a. minus b.)	\$ <u>-51</u>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 5/20/2009

Signature: Andrea McKeever  
Debtor

Date 5-20-09

Signature: Thomas McKeever  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus I), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.



B7 (Official Form 7) (12/07)

# UNITED STATES BANKRUPTCY COURT

DISTRICT OF ILLINOIS

In re: **Mc Keever, Andrea**

Debtor

Case No.

(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT		SOURCE	
Yr 2009	3200	0	Employment
Yr 2008	30000	0	Employment
Yr 2007	29000	0	Employment

**2. Income other than from employment or operation of business**

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT		SOURCE
Yr 2009	0	4000
Yr 2008	0	18000
Yr 2007	0	18000

**3. Payments to creditors**

None  
☒

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None  
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

None  
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**10. Other transfers**

None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None  
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None



If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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# 16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight** years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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## 18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six** years immediately preceding the commencement of this case, or in

which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None



b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED



None  
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None  
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other  
basis)

None  
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

## 21. Current Partners, Officers, Directors and Shareholders

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None  
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22 . Former partners, officers, directors and shareholders**

None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**

None  
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

\* \* \* \* \*

11

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5/20/2009

Signature Andrea McKeever

of Debtor

Date 5-20-09

Signature Thomas McKeever  
of Joint Debtor  
(if any)

*[If completed on behalf of a partnership or corporation]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_ continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.*

\_\_\_\_\_  
Address

X

Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.*

B 8 (Official Form 8) (12/08)

# UNITED STATES BANKRUPTCY COURT

District of ILLINOIS

In re Mc Keever, Andrea,  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A** – Debts secured by property of the estate. *(Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 <i>(if necessary)</i>	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

B 8 (Official Form 8) (12/08)

Page 2

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached (if any)

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: 5/20/2009

Andrea McKeever  
Signature of Debtor

Thomas McKeever  
Signature of Joint Debtor

United States Bankruptcy Court

District Of ILLINOIS

IN RE. **Mc Keever, Andrea -and- Mc Keever, Thomas**

Debtor(s).

Case No. \_\_\_\_\_

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: 5/20/2009

Andrea McKeever  
Debtor

Thomas McKeever  
Joint Debtor

Acc International  
Acc Building  
919 Estes Court  
Schaumburg IL 60193-4427

Activity Collection  
Service, I  
664 Milwaukee Ave.  
Prospect Heights IL 60070

American Collections  
T.c.f. Ba  
919 Estes Court  
Schaumburg IL 60193

At&t Mobility  
Po Box 6428  
Carol Stream IL 60197-6428

Bank Of America  
4060 Ogletown  
Newark DE 19713

Bank Of America  
Po Box 981400  
El Paso TX 79998

Boudreau & Associates, Llc  
5 Industrial Way  
Salem NH 03079

Bryan W. Rubach, Md  
4050 Healthway Drive  
Suite 220  
Aurora IL 60504

Bureau Of Collection  
Recovery  
7575 Corporate Way  
Eden Prairie MN 55344

Cdh  
Dept 4698  
Carol Stream IL 60122-4698

Central Dupage Emergency  
Phys  
Po Box 5940 Dept 20-1098  
Carol Stream IL 60197

Central Dupage Emergency  
Phys  
Po Box 5940 Dpt 20-1098  
Carol Stream IL 60197-5940

Central Dupage Hospital  
Dept 4698  
Carol Stream IL 60122-4698

Central Dupage Hospital  
Dept 4698  
Carol Stream IL 60122-4698

Central Dupage Hospital  
Dept 4698  
Carol Stream IL 60122-4698

Central Dupage Hospital  
25 N Winfield Road  
Winfield IL 60190-1295



Central Dupage Hospital  
Dept 4698  
Carol Stream IL 60122-4698

Central Dupage Physician  
Group  
Po Box 479  
Winfield IL 60190

Central Dupage Physicians  
Grou  
Po Box 479  
Winfield IL 60190

Cingular Wireless  
Po Box 6428  
Carol Stream IL 60197-6428

City Of Naperville  
Finance Department  
400 S. Eagle Street  
Naperville IL 60540

Cns Home Health  
690 East North Avenue  
Suite 100  
Carol Stream IL 60188

Com Ed  
Po Box 6111  
Carol Stream IL 60197-6111

Credit Management Lp  
4200 International  
Carrollton TX 75007

Creditors Discount & Audit  
Co.  
Po Box 213  
Streator IL 61384

Dermatology Limited  
Michael R. Naughton  
Po Box 10  
Manhattan IL 60442

Dermatology Limited  
2400 Glenwood Ave  
Ste 126  
Joliet IL 60435-5495

Dermatology Limited  
2400 Glenwood Ave  
Ste 126  
Joliet IL 60435-5495

Dermatology Limited  
2400 Glenwood Ave  
Ste 126  
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Discover Financial  
Po Box 15316  
Wilmington DE 19850

Douglas R. Prince, Dds  
507 Duane Street  
Glen Ellyn IL 60137

Dupage Law Court  
505 County Farm Rd.  
Po Box 707  
Wheaton IL 60187

Dupage Law Court  
505 County Farm Road  
Po Box 707  
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Dupage Medical Group  
1860 Paysphere Circle  
Chicago IL 60674

Dupage Medical Group  
1860 Paysphere Circle  
Chicago IL 60674

Dupage Recorder Of Deeds  
421 N County Farm Road  
Wheaton IL 60187

Dupage Recorder Of Deeds  
421 N County Farm Rd  
Wheaton IL 60187

Dupage Recorder Of Deeds  
421 N County Farm Rd  
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Dupage Surgical  
Consultants, L  
7 Blanchard Circle  
Suite 104  
Wheaton IL 60187

Edward Hospital  
Po Box 4207  
Carol Stream IL 60197

Edward Hospital  
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Edward Hospital  
Po Box 4207  
Carol Stream IL 60197-4207

Edward Hospital  
Po Box 4207  
Carol Stream IL 60197-4207

Edward Hospital & Health  
Servi  
Po Box 4207  
Carol Stream IL 60197

Er Solutions, Inc.  
Po Box 9004  
Renton WA 98057

Exxon Mobile  
P.o.box 498  
Carol Stream IL 60197

Ffcc Columbus Inc  
1550 Old Henderson Rd  
Columbus OH 43220

First Federal Credit  
Control  
Po Box 20790  
Columbus, OH 43220-0790

First Premier Bank  
Po Box 5147  
Sioux Falls SD 57117

Grabowski Law Center, Llc  
2800 S. River Road  
Suite 410  
Des Plaines IL 60018

H&r Accounts, Inc  
7017 John Deere Parkway  
Po Box 672  
Moline IL 61266

H&r Accounts, Inc  
Po Box 672  
Moline IL 61266-0672

H&r Accounts, Inc.  
7017 John Deere Parkway  
Po Box 672  
Moline IL 61266-0672

Harris Bank  
114 West 1st Street  
Hinsdale IL 60521

His  
350 S. Northwest Highway  
Suite 200  
Park Ridge IL 60068

Hsbc Bank  
Po Bo 5253  
Carol Stream IL 60197

Hsbc Nv  
P.o.box 19360  
Portland OR 97280

Hsbc Nv  
P.o. Box 19360  
Portland OR 97280

Illinois Federal Court C  
531 S. Dearborn Street  
Chicago IL 60606

Illinois Department Of  
Revenue  
Po Box 19035  
Springfield IL 62794-9035

Illinois Tollway  
Po Box 5201  
Lisle IL 60532-5201

Illinois Tollway  
Violation Administration  
Center  
2700 Ogden Avenue  
Downers Grove, IL  
60515-1703

Illinois Tollway  
Po Box 5201  
Lisle IL 60532-5201

Internal Revenue Service  
Stop 6692 Ausc  
Austin TX 73301-0021

Kovak Medical Services,  
Dba  
Midwest Derm Laser & Vein  
Ctr  
Elmhurst IL 60126

M&m Orthopaedics Ltd  
4300 Commerce Ct.  
Ste 230  
Lisle IL 60532-3698

Mark A. Barnes, Dds Ltd  
531 E. Roosevelt Road  
Wheaton IL 60187

Mark V. Valentinas, Dds,  
Pc  
1001 E. Chicago Ave.  
Suite 143  
Naperville IL 60540

Medical Recovery  
Specialists,  
2250 E Devon Ave  
Suite 352  
Des Plaines IL 60018-4519

Medical Recovery  
Specialists,  
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Merchants Credit Guide  
223 W. Jackson St.  
Suite 900  
Chicago IL 60606

Merchants Credit Guide Co  
223 West Jackson Blvd.  
Chicago IL 60606

Michael J. Erhart, D.d.s  
1879 Bay Scott Circle  
Suite 108  
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Midwest Heart Specialist  
3496 Paysphere Circle  
Chicago IL 60674

Mr. & Mrs. Donald Germann  
1377 Ginger Lane  
Naperville IL 60565-5228

Naperville Eye Associates  
1855 Bay Scott Circle  
Naperville IL 60540

Naperville Radiologists  
S.c.  
6910 S. Madison Street  
Willowbrook IL 60527

Naperville Radiologists Sc  
6910 S Madison St  
Willowbrook IL 60527

Neuromed Clinic Llc  
3s 517 Winfield Road  
Ste A  
Warrenville IL 60555

Neuropsychological  
Services Pc  
22935 North Woodcrest Lane  
Kildeer IL 60047



Nicor Gas  
Po Box 190  
Aurora IL 60507

Northshore  
Hospital Billing  
230 Network Place  
Chicago IL 60673

Northshore  
Hospital Billing  
23056 Network Place  
Chicago IL 60673-1230

Northshore Radiology  
34618 Eagle Way  
Chicago IL 60678-1346

Northshore University  
9532 Eagle Way  
Chicago IL 60678

Np Primiano Dds  
31 East Ogden Avenue  
Naperville IL 60563

Np Primiano Dds  
231 East Ogden Avenue  
Naperville IL 60563

O'carroll & Assoc.  
Po Box 189  
Plainfield IL 60544

Patricia Fennell For Nicor  
Gas  
Po Box 585  
Aurora IL 60507

Pauline K Wiener Md Sc  
27w170 St. Charles Road  
Carol Stream IL 60188

Penn Credit Corporation  
Po Box 988  
Harrisburg PA 17108

Penn Credit Corporation  
916 S 14th Street  
Harrisburg PA 17104

Penn Credit Corporation  
P.o. Box 988  
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Physicians For Adults Im,  
Ltd.  
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Suite 268  
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Physicians For Adults  
Internal  
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Ste 268  
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640 S. Washington St.  
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Quest Diagnostics  
Po Box 64804  
Baltimore MD 21264-4804

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Management  
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Sears/cbsd  
701 East 60th St  
Po Box 6241  
Sioux Falls SD 57117

Suburban Lung Assoc. Sc  
Po Box 2776  
Carol Stream IL 60132-0001

T-mobile  
Po Box 2400  
Young America MN  
55553-2400

T-mobile  
Po Box 742596  
Cincinnati OH 45274-2596

Tcf National Bank Of  
Illinois  
425 W Ogden Avenue  
Naperville IL 60563

Transworld Systems Inc.  
Collec  
25 Northwest Point Blvd.  
#750  
Elk Grove Village IL 60007

Usa Sears  
8725 W. Jackson Street  
The Lakes NV 89163

Van Ru Credit Corporation  
1350 E. Touhy Ave  
Suite 100e  
Des Plaines IL 60018-3307

West Central Anes Group  
Po Box 1123  
Jackson MI 49204-1123

West Central Anes Group  
Po Box 1123  
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West Central Anes Group  
Po Box 1123  
Jackson MI 49204

West Chicago Fpd  
Po Box 1368  
Elmhurst IL 60126

West Chicago Fpd  
Po Box 1368  
Elmhurst IL 60126

Wheaton Eye Clinic  
2015 North Main Street  
Wheaton IL 60187-3152

Wheaton Eye Clinic  
2015 North Main Street  
Wheaton IL 60187-3152

Wheaton Internal Medicine  
350 West Northwest Highway  
Park Ridge IL 60068

Wheaton Pediatrics  
55 E Loop Rd  
#301  
Wheaton IL 60189

Winfield Laboratory  
Consultant  
Dept 4408  
Carol Stream IL 60122

Winfield Pathology  
Consultants  
Dept 4432  
Carol Stream IL 60122-4432

Wow Internet & Cable  
Po Box 5715  
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